## Foster Family Home - Corrective Action Report

Provider ID: 1-210009

Home Name: Jeany Flor Domingo, CNA

Review ID: 1-210009-1

2001 Uhu Street

Reviewer:

David Ayling

Honolulu

HI 96819 Begin Date:

2/3/2021

Foster Fam	lly Home	Required Certificate	[11-800-6]		
6.(d)(1)	Comply	with all applicable requirements in this chapter,	and		
Comment:	*********	***************************************	**************************************		
6.(d)(1) - Ho inspection wi	me inspection th written pla	on for a new 2 person CCFFH certification. an of correction due to CTA by 3/3/21.	Corrective Action Report issued during home		
Foster Fami	ly Home	Personnel and Staffing	[11-800-41]		
41.(b)(5)	Provide vehicle,	non-medical transportation through possession or an alternative approved by the department.	of a valid Hawaii driver's license and access to an insured		
41.(b)(6)	Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;				
11.(b)(8)	Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.				
Comment:					

41.(b)(5) - CG #1 needs to increase auto insurance coverage to 100,000 Bodily Injury and 30,000 Property Damage. 41.(b)(6) - HHM's upstairs need APS/CAN and fingerprints.

41.(b)(8) - CPR and First Aid was done online for CG #1 and CG #2. Needs to be done at an approved school.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager:	100
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David Ayling

## Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP) Chapter 11-800

PCG's Name on CCFFH Certificate: Jeany Flor

CCFFH Address: 2001 Uhu St. Honolylu Hawaii 96819 (PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(6)(5)	I have increased my auto incurance coverage to the right amount.	Feb 03, 2021	I will keep to right amount of auto incurance on all my autos.
41 (6)(6)	I have received current APS I CAN & Fingerprints From upstairs HHM	Feb.05, 2021	I will keep the APSIcaN & tingerprints up to date for all caregivers of HHm's.
H·(b)(s)	I have received a valid CPR / First And certificate From Caregiver #1 4 caregiver #2	Feb 03.	I will have all caregivers renew their CPR of first Aid from an approved school.

All items that v	vere fixed are attached to this CAP		
PCG's Signature:	DEUN 199	Date:	Feb 08, 202
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CTA has reviewed all corrected items